



Wisconsin Department of Agriculture, Trade and Consumer Protection
2811 Agriculture Drive
PO Box 8911
Madison WI 53708-8911
(608) 224-4936

Milk Contractor Milk Payroll Obligation Monthly Report

| | | | |
|------------------|---------------------|---|---------------|
| | | For the Month of: | |
| | | | |
| | | <i>Return completed form by the 18th of the month following the period covered</i> | |
| | Gross Total Payroll | Advance Payment | Final Payment |
| Grade A | \$ | \$ | \$ |
| Date Paid | | | |
| | | | |
| Grade B | \$ | \$ | \$ |
| Date Paid | | | |
| | | | |
| Agency | \$ | \$ | \$ |
| Date Paid | | | |
| | | | |
| Agency | \$ | \$ | \$ |
| Date Paid | | | |
| | | | |
| Agency | \$ | \$ | \$ |
| Date Paid | | | |
| | | | |

The undersigned hereby certifies that this is a true, complete and accurate statement of the total milk purchased from all producers or producer agents during the period covered by this report.

Signature

Date

Telephone

Required under Section 126.41(9), Wis. Stats., A milk contractor who files and maintains security under s. 126.47 shall provide a monthly report to the department containing either of the following: (a) The highest amount of the milk contractor's unpaid milk payroll obligations at any time during the preceding month. (b) The total amount of milk payroll obligations that the milk contractor incurred during the preceding month.

Mail this
report to:

WDATCP
 ATT: LORI RONNERUD
 PO BOX 8911
 MADISON WI 53708-8911